



UNITED STATES CUSTOMS EXPLORER ACADEMY

JUNE 21-30, 2002

EXPLORER APPLICATION

- Please print or type this application.

Last Name: _____ First Name: _____ Middle: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone No: (____) ____-____ Date of Birth (MMDDYY): _____ Age: _____

Sex: _____ SSN: _____

POST INFORMATION

Post No.: _____ Address: _____ City: _____ State: _____

Name of Port or Office: _____ Council: _____

Number of Years in Post: _____ Positions Held: _____

Head Advisor: _____ Phone No.: (____) ____-____ daytime
(____) ____-____ evening

FAMILY BACKGROUND

Name of Legal Guardian(s): _____

Relationship: _____

Emergency Contact No.: (____) ____-____ daytime (____) ____-____ daytime
(____) ____-____ evening (____) ____-____ evening

Are you presently under Doctor's Care? _____

If so, for what reason? _____

SCHOOL

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Present Grade in School: _____ Grade Point Average: _____

Core
Values

Integrity★Accountability★Fairness★Service★Pride

EXTRA-CURRICULAR ACTIVITIES (If you are a member of another Explorer Post, please indicate the sponsoring agency and the post number.)

NAME OF ACTIVITY	DAY OF WEEK	MEETING FREQUENCY (ONCE A WEEK, MONTHLY, ETC.)	TIME

WORK EXPERIENCE

Are you presently employed? ☐ Yes ☐ No

If in law enforcement, what is the name of the agency? _____

Length of Employment: _____ Telephone No.: (____) ____-_____

CAREER ASPIRATIONS (Use attachment if necessary.)

What are your future career goals? _____

What are your hobbies and interests? _____

How will attending the United States Customs Explorer Academy benefit you and your post? _____

What do you feel you can contribute by attending the United States Customs Explorer Academy? _____

All information provided is truthful to the best of my knowledge.

Explorer's Signature

Date

Head Advisor's Signature

Date

Parent's Signature if 18 yrs. or under

Date

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